addenslum

Print Form

## NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

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	Reporting Information /		B	
Year				
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1	STIT CHOOL	uly/December		
Турє	of Lobbying: O Nonprocurement O Pr	ocurement () Both	RECEIVE	D. JAM 1 & 2013
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	Client Information			
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Peri	manent Business Address: One Erry	rive DR		
City		State:	NY	ZIP code: 12/44
1	ness Phone:	_	umber:	
1	d Party Beneficiary (see instructions):		52 650 81	4
CONTRACTOR OF THE PARTY OF THE	\$			
	Lobbyist(s) Information & Con	npensation (Curre	ent Period Only)	a and less of whather the
An	r individual or organization that has lobbied shold was exceeded by that individual or o	on behalf of the client mi	ust be reported below, re	egardiess of whether the
	Type of Lobbyist: O Retained	O Employed	<ul><li>Designated</li></ul>	
	Level of Gov't: State Lobbying	O Local Lobbying	O Both	secondosed
	Name: Roffee		Phone Number:	- DERINON
	Address:			70
	City:		State:	ZIP code:
	Compensation for current period: \$	12 000 .00	-	
P	Type of Lobbyist: O Retained	O Employed	O Designated	
D	Level of Gov't: State Lobbying	O Local Lobbying	○ Both	
	Name: CLATRE MURRA	FR 1000	Phone Number:	
	Address:	7		
	Address:		State:	ZIP code:
	City: Compensation for current period: \$	340.00		: 2
-	Type of Lobbyist: O Retained	O Employed	<ul><li>Designated</li></ul>	
C	Level of Gov't: O State Lobbying	O Local Lobbying	○ Both	
		3	Phone Number:	
	Name:		1110110 1101110011	
	Address:	SE SE	State:	ZIP code:
10	City:	.00	51010.	- 3000000000000000000000000000000000000
	Compensation for current period: \$	.00		
10	Continued on attached pages	4		

D TOTAL COMPENSATION of ALL lobbyists for current period.........(A+B+C+addendum sheets): \$ 19 3 40 .00

IV Other Expenses (Current Semi-Annual	Period Only)		
A Report in the aggregate all expenses less than or equa	1 to \$75:	\$	.00
B Report in the aggregate all expenses for salaries of non	lobbying employees:	\$	.00
C Itemize each expense exceeding \$75:			
PAID TO:	DATE: /	/	O Ad O Social Event
PURPOSE:	AMOUNT: \$	00.	O *Addendum attached
O PROCUREMENT ® NONPROCUREMENT		1.	
PAID TO:	DATE: /	/	O Ad O Social Event
PURPOSE:	AMOUNT: \$	00. 🔿	*Addendum attached
O PROCUREMENT ## NONPROCUREMENT			
O Continued on attached pages			
If any expense listed above exceeds \$75 for an i expense, dollar amount attributable to the indivi-	ndividual, you must a	ttach the ac	ddendum page listing the plover of the individual.
D Total expenses for current period: \$			enses from attached pages in total)
V Source of Funding Disclosure		en de la companya de	
Instructions: In the event only one person or entity is list event multiple persons or entities have been	ed as the Single Source on aggregated as a Sin	e for a Contri gle Source f	bution(s), use Section A. In the or a Contribution(s), use Section B.
A Below, list all Contributions received from the received. If more than five Contributions from the contributions of the contributions from the contributions are contributed as the contribution of the contribution	ne Single Source. Inclu om the Single Source h	de the date	and the amount of the Contribution ceived, use section V(C) of the
Addendum for the additional Contributions	Per Cuccharterierik. Papriliz Pierrich vitter (1990) vitter (1990) in the Currentier (1990)		
Contribution(s) from Single Source #1	All First No	ation	
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Single Source Person's Last Name:	All First No	ame:	
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City:	State:		ZIP code:
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Contribution(s) Single Source #2			
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Check here if using section V(C) of the Addendum for add			0
Check here if there are Contribution(s) from Single Source(Addendum to list all such Contributions:	s) other than those liste	ed above. U	se Section V(A) of the

## Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV * Itemized Expenses	
	Amt Attributable to Individual: \$ /\$\( \S' \cdot \S'
Name of Individual: Roffe Croup  Title of Individual: Roffe Lebbins	Employer of Individual:
Name of Individual: A JAIRE MURPAY	Amt Attributable to Individual: \$ 374 COO
	Employer of Individual: 5elf
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Name of Individual:	Amt Attributable to Individual: \$ .00
Title of Individual:	Employer of Individual:
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

Designated Addendum sheet for section Please use the following addendum pages as continuation		pace is needed, ple	ase
make a copy of this sheet.  No audi	Inbutions deserve for los		bution
V Source of Funding Disclosure			
A Below, list all Contributions received from the received.	ne Single Source. Include the date and the single-control of the state	ne amount of the Co	ntribution
Contributions from Single Source #			
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Single Source Entity's Name: NYU Langent or Single Source Person's Last Name:	First Name:	was tongon	Technology (
Address:	riist (vairie)		
City:	State:	ZIP code:	
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Date Contribution Received: / /	Amount of Contribution: \$	.00	
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Contributions from Single Source #			
Single Source Entity's Name: St Peters	Hospital		
or Single Source Person's Last Name:	First Name:		
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City: Albany	State: NY	ZIP code:	
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V Source of Funding Disclosure	
Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entitles.	
Contributions from Single Source #10 St John's Epuscop Al Hosp	
Related or Affiliated Entity or Person:	
Entity's or Person's Full Name:	
Entity's or Person's Address:	
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Contributions from Single Source #2 /	
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Entity's or Person's Full Name.	
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Date Contribution Received: / / Amount of Contribution: \$	.00 cle
Check here if using section V(C) of the Addendum for additional Contributions:	
Related or Affiliated Entity or Person:	
Entity's or Person's Full Name:	
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Designated Addendum sheet for section V

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure			
Single Source information for a Contribution	on(s) from mu	ultiple, Related, or Affiliated Entities	Secretary to the Art of the Property of the Art of the Property of the Art of
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Entity's or Person's Full Name:			
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Destignated Addendum sheet for section V(B).

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Functing Dischasure					
B Single Source information for a C	Contribution(s) fro	om multi	ple, Related, or Affiliated Ent	ities.	
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Entity's or Person's Address:					
Entity's or Person's Phone:					
Dates and Amounts of Contributions					
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IV Other Expenses (Current Semi-Annual Rei	iod Only)	
A Report in the aggregate all expenses less than or equal to \$7	5: \$	.00
B Report in the aggregate all expenses for salaries of non-lobby	ing employees: \$	.00
C Itemize each expense exceeding \$75:		
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# If any expense listed above exceeds \$75 for an individed expense, dollar amount attributable to the individual of t	and the name, title and emp	loyer of the individual.
D Total expenses for current period: \$ .00 (	f applicable, include all exper	nses from attached pages in total)
V Source of Funding Disclosure Instructions: In the event only one person or entity is listed as	the Single Source for a Contrib	ution(s) use Section A In the
event multiple persons or entities have been ago	regated as a Single Source for	a Contribution(s), use Section B.
A Below, list all Contributions received from the Singreceived. If more than five Contributions from the	gle Source. Include the date of Single Source have been rec	eived, use section V(C) of the
Addendum for the additional Contributions.  Contribution(s) from Single Source #1 2		
Single Source Entity's Name: Rosund P.	ack Cancer Inst	fitite
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or	First Name:	
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Check here if there are Contribution(s) from Single Source(s) oth	er than those listed above. Us	e Section V(A) of the
Addendum to list all such Contributions:		

V Other Expenses (Current Semi-Apmu	offeriod Only)	
A Report in the aggregate all expenses less than or equ	ual to \$75: \$	.00
B Report in the aggregate all expenses for salaries of no	on-lobbying employees: \$	.00
C Itemize each expense exceeding \$75:		
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PURPOSE:	AMOUNT: \$ .00	O *Addendum attached
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expense, dollar amount attributable to the ind	ividual and the name, title and e	mployer of the individual.
D Total expenses for current period: \$	.00 (if applicable, include all ex	spenses from attached pages in total)
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V Source of Funding Disclosure Instructions: In the event only one person or entity is I	isted as the Single Source for a Co	ntribution(s), use Section A. In the
event multiple persons or entities have b  A Below, list all Contributions received from	een aggregated as a Single Source	e for a Contribution(s), use Section B.
received. If more than five Contributions Addendum for the additional Contribution	from the Single Source have been	received, use section V(C) of the
Contribution(s) from Single Source #1		
Single Source Entity's Name:	fon VA Medical Cente	er -
or   Single Source Person's Last Name:	First Name:	
Address:		
City:	State:	ZIP code:
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or Single Source Person's Last Name:	First Name:	
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IV Officer Expenses (Current Semi-Ann	He Period Only)		
A Report in the aggregate all expenses less than or e	equal to \$75:	\$	.00
B Report in the aggregate all expenses for salaries of	non-lobbying employees:	\$	.00
C Itemize each expense exceeding \$75:			
PAID TO:	DATE: / /	O Ad	O Social Event
PURPOSE:	AMOUNT: \$ .00	O *Adder	ndum attached
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<ul> <li>If any expense listed above exceeds \$75 for expense, dollar amount attributable to the in</li> </ul>	an individual, you must attach the and individual and the name, title and	e addendum pa employer of the	ge listing the individual.
D Total expenses for current period: \$	.00 (if applicable, include all		
V Source of Funding Disclosure			
Instructions: In the event only one person or entity event multiple persons or entities have	s listed as the Single Source for a C been aggregated as a Single Sour	ontribution(s), use ce for a Contribu	e Section A. In the tion(s), use Section B.
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or Single Source Person's Last Name:	First Name:		
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IV Other Expenses (Current Semi-Annu	of Period Only)			
A Report in the aggregate all expenses less than or equ	ual to \$75:	\$	.00.	
B Report in the aggregate all expenses for salaries of no	on-lobbying employees:	\$	.00	
C Itemize each expense exceeding \$75:				
PAID TO:	DATE: / /	O A	.d O Soci	al Event
PURPOSE:	AMOUNT: \$	.00	Addendum attac	hed
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# If any expense listed above exceeds \$75 for all expense, dollar amount attributable to the ind				Э
D Total expenses for current period: \$	.00 (if applicable, includ	e all expenses f	rom attached page	es in total)
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V Source of Funding Disclosure			(-)	le de a
Instructions: In the event only one person or entity is I event multiple persons or entities have b	een aggregated as a Single	Source for a C	ontribution(s), use So	ection B.
A Below, list all Contributions received from received. If more than five Contributions	the Single Source. Include from the Single Source have	the date and the been received	ne amount of the Co d, use section V(C)	ontribution of the
Addendum for the additional Contribution	ns.			
Contribution(s) from Single Source #1	12 Dalla 160 AB	and one		
Single Source Entity's Name: Mohai	uk Valley Heath	agester 1		
Single Source Person's Last Name:	First Nam	e: .		
Address:	Clada		7ID 00000	
City:	State:		ZIP code:	
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Single Source Person's Last Name:	First Nam	e:		
Address:	50000 DAG		and the second	
City:	State:		ZIP code:	( \
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Date Contribution Received: 11 1 69 1 12	Amount of Cont			13 due
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Date Contribution Received: / /	Amount of Cont		.00.	
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Check here if using section V(C) of the Addendum for a	ditional Contributions:		N	0
Check here if there are Contribution(s) from Single Sourc Addendum to list all such Contributions:	e(s) other than those listed	above. Use Sec	tion V(A) of the	0

V.Other Expenses (Corrent Semi-Annu	er Ratiod Only)	
A Report in the aggregate all expenses less than or equ	ya to \$75: \$	.00
B Report in the aggregate all expenses for salaries of ne	on-lobbying employees: \$	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	O Ad O Social Event
PURPOSE:	AMOUNT: \$ .00	*Addendum attached
O PROCUREMENT O NONPROCUREMENT	DATE: / /	
PAID TO:	DATE: / /	O Ad O Social Event
PURPOSE:	AMOUNT: \$ .00	*Addendum attached
O PROCUREMENT O NONPROCUREMENT		
Continued on attached pages  * If any expense listed above exceeds \$75 for a	individual, you must attach the	addendum page listing the
expense, dollar amount attributable to the ind	ividual and the name, title and e	employer of the individual.
D Total expenses for current period: \$	.00 (if applicable, include all ex	xpenses from attached pages in total)
V Source of Funding Disclosure Instructions: In the event only one person or entity is	isted as the Single Source for a Co	ntribution(s), use Section A. In the
event multiple persons or entities have b	een aggregated as a Single Sourc	e for a Contribution(s), use Section B.
received. If more than five Contributions	from the Single Source have been	received, use section V(C) of the
Addendum for the additional Contribution  Contribution(s) from Single Source #3(1)		
Single Source Entity's Name: Thelen Mam	opial Hospital Oh	
or Single Source Person's Last Name:	First Name:	
Address:		
City:	State:	ZIP code:
Phone:		12/2
Date Contribution Received: 10/13/201	Amount of Contributio	on: \$ 300.00 Jalues
Date Contribution Received: / /	Amount of Contributio	on: \$ .00
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Check here if using section V(C) of the Addendum for a	dditional Contributions:	<u> </u>
Contribution(s) Single Source #2		
Single Source Entity's Name:	er Hosp	
or Single Source Person's Last Name:	First Name:	
Address:		-
City:	State:	ZIP code:
Phone:		1. 6
Date Contribution Received: 08131 / 20		on: \$ 50.00 17 dues
Date Contribution Received: 12/14/28		
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Check here if using section V(C) of the Addendum for a	dditional Contributions:	Use Section V/A) of the
Check here if there are Contribution(s) from Single Source Addendum to list all such Contributions:	e(s) other than those listed above.	use section v(A) of the

IV Other Expenses (Current Semi-Annu			in the second second second second second second second second second second second second second second second	acietalitati Konstraciona
A Report in the aggregate all expenses less than or eq. $\[ \]$	ual to \$75:	\$	.00	
B Report in the aggregate all expenses for salaries of n	on-lobbying employees:	\$	.00	
C Itemize each expense exceeding \$75:	D.175			
PAID TO:	DATE: / /			al Event
PURPOSE:	AMOUNT: \$	.00 00.	Addendum attach	ned
O PROCUREMENT O NONPROCUREMENT	DATE /	Normal	<del></del>	
PAID TO:	DATE: / /		Ad O Socia	al Event
PURPOSE:	AMOUNT: \$	.00 0	Addendum attach	ned
O PROCUREMENT O NONPRÓCUREMENT				
Continued on attached pages	adjuidual way moud att	ash the adden	tum page listing the	
# If any expense listed above exceeds \$75 for a expense, dollar amount attributable to the inc				
D Total expenses for current period: \$	.00 (if applicable, inclu	de all expenses	from attached pages	s in total)
V Source of Funding Disclosure Instructions: In the event only one person or entity is	Under the Cinals Course	a Castibuila	A goitage agu (a)g	n tho
event multiple persons or entities have b	peen aggregated as a Sing	le Source for a C	Contribution(s), use Se	ction B.
A Below, list all Contributions received from received. If more than five Contributions	n the Single Source. Includes from the Single Source ha	e the date and t ve been receive	the amount of the Co ed, use section V(C) o	ntribution of the
Addendum for the additional Contribution	ons.			
Contribution(s) from Single Source #22	ny Brook Unwe	reity those	P	
Of .				
Single Source Person's Last Name:	First Nar	ne:		
Address:			710	
City:	State:		ZIP code:	5
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Contribution(s) Single Source #2		1		
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or Single Source Person's Last Name:	First Na	ne:		
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Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

	B Sing	le Source information	for a Contributio	on(s) fro	m multip	le, Related, or Affiliated Entit	ies.	
	Source #	<b>e</b>	so Sth She	ree_	Q. 101	ish Medial Cto,		
Related		ed Entity or Person:	Long	Swan				
	SHIP CO. SHIP. S	Person's Full Name:						
		Person's Address:						
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Related	d or Affiliate	ed Entity or Person:	L	111	Heal	th System		
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	Entity's or F	Person's Address:						
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Single S	Source #		eiveu.	/	1	Amount of Commodion.	Ψ	.00
		ed Entity or Person:	4		0 /	0.00	0 1	
		Person's Full Name:	hongst	slai	nd do	wish Medical	Center	
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		te Contribution Rece		,	/	Amount of Contribution:	\$	.00
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Related	d or Affiliate	ed Entity or Person:	111	Hou	Mh.	System		
	Entity's or P	'erson's Full Name:	, 0, 10	110		7		
	Entity's or P	erson's Address:	15.					
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Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure		1945	and the second s		
B Single Source information for a Contribut	ion(s) fro	m multip	le, Related, or Affiliated Entiti	es.	
Single Source # 3 Related or Affiliated Entity or Person:	11 14	expitta	0		
Entity's or Person's Full Name:					
Entity's or Person's Address:					12
Entity's or Person's Phone:		211			
Dates and Amounts of Contributions from E Date Contribution Received:			Amount of Contribution:	\$ 4	+25 .00 Cal
Date Contribution Received:	1	/	Amount of Contribution:	\$	.00
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Entity's or Person's Address:					
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Single Source #					
Related or Affiliated Entity or Person:	2				
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IV Business Relationship with a State Pe	erson		to the second section deli-	an all an
Instructions: Fill out this section only if the Relationship and fill out Section III.	is with a State Person. It	the Relationship	is with an entity, skip this	section
State Person Last Name:	State Person	First Name:		
Agency or Legislative Body of Employment:				
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Description of Business Relationship(s):		1.0		
	(w)			
, *				
Compensation (Actual or Anticipated):	\$	.00		
Expenses (Actual or Anticipated):	\$	.00		
Total Compensation and Expenses (Actual or Anticip	pated):	\$	.00	
Beginning date of Business Relationship (Actual or A	nticipated):	Month:	Year:	
End date of Business Relationship (Actual or Anticipo	ated) if applicable:	Month:	Year:	
Check here if using addendum sheet for additional	State Person(s):			
-	* .			
V Declaration				
This Declaration must be signed by the Chief Admini reason, does not sign, he/she must duly designate a	strative Officer. If the	Chief Administr	rative Officer, for any	N.
N V I I I I I I I I I I I I I I I I I I				
declare under penalty of perjury that the	information conta	ined in this r	eport is true,	
correct, and complete to the best of my kr	lowledge and bei	C1.		

X SIGNATURE: Classe munan

DATE:

1/16/13

PRINT NAME: LAST MURRAY

**FIRST** 

Mark One:

Chief Administrative Officer

O Designee(Attach Letter)

Per phone request of SCOPE Employee 4PM 1/16/13 "no signature page submitted" for New york Organization of Nuise Elecutives, Inc. One Empire Dr Rensselast, NY 12144 RECEIVED JAN 1 8 2013 518273 1525